

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/597498		FILING DATE				
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
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11		/		/			61						
12	/		/				62						
13		/		/			63						
14		2		/			64						
15		2		/			65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	17		14				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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